

ER
U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

*See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.*

PLAINTIFF	2014 MAR 20 A 8:46	COURT CASE NUMBER
Dafina Roter	2014 MAR 27 A 8:35	14-C-71
DEFENDANT	U.S. MARSHAL JENIFER KENLICK, CLERK	TYPE OF PROCESS
Frontier Airlines Inc, et al.		Order, Summons, Complaint, Consent
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
→	Frontier Airlines Inc c/o CSC-Lawyers Incorporating Service Company	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
	8040 Excelsior Drive, Suite 400 Madison, WI 53717	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

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Dafina Roter
26151 S Wind Lake Rd
Racine, WI 53185

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Number of process to be served with this Form - 285

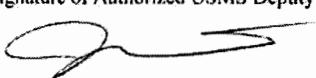
Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service.)*

Signature of Attorney or other Originator requesting service on behalf of:	TELEPHONE NUMBER	DATE
Dafina Roter	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	Mar 19, 2014

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process <u>1</u>	District of Origin <u>87</u> No.	District to Serve <u>89</u> No.	Signature of Authorized USMS Deputy or Clerk 	Date <u>20 Mar 14</u>
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I hereby certify and return that have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above *(See remarks below)*

Name and title of individual served *(if not shown above)*

Jenifer Kenlick, Customer Service

Address *(complete only if different than shown above)*

Date of Service
3-25-14 Time
3:40 am
 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Service Fee <u>\$65.00</u>	Total Mileage Charges <i>(Including endeavors)</i> <u>\$8.00</u>	Forwarding Fee <u>\$8.00</u>	Total Charges <u>\$73.00</u>	Advance Deposits	Amount owed to U.S. Marshal or <u>0</u>	Amount of Refund <u>0</u>
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REMARKS:
1-DUSM mileage: R/T 24.6 miles
1-HOUR